

SAMPLE APPLICATION

****TO BE FILED AFTER PASSING EXAM****

**State Bar of California Program for Certifying
Legal Specialists**

C-O-N-F-I-D-E-N-T-I-A-L

**APPLICATION FOR CERTIFICATION
Estate Planning, Trust and
Probate Law Specialist**

THE CALIFORNIA BOARD OF
LEGAL SPECIALIZATION
The State Bar of California
180 Howard Street
San Francisco, CA 94105-1639
(415) 538-2120
legalspec@calbar.ca.gov

06

For Office Use Only
Legal Specialization

PLEASE PRINT OR TYPE. CHECK ALL BOXES THAT APPLY.

1. Name & Address (exactly as they appear on State Bar membership records)	2. Bar Number								
	3. Daytime Phone Number ()								
	4. E-mail Address								
5. I passed the Legal Specialist Examination held in _____ Month Year									
6. I am admitted to practice law in the following states(s): <table border="0"><thead><tr><th><u>State</u></th><th><u>Date Admitted</u></th></tr></thead><tbody><tr><td><u>CA</u></td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	<u>State</u>	<u>Date Admitted</u>	<u>CA</u>	_____	_____	_____	_____	_____	7. At the time of application for certification, I am an active member of the State Bar of California. I have been engaged in the practice of law continuously during the five years immediately preceding the submission of [this] application for certification and, in each of those years, have practiced estate planning, trust and probate law for at least 25% of the time spent in my occupational endeavors. <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, STOP HERE. You are not eligible to apply.
<u>State</u>	<u>Date Admitted</u>								
<u>CA</u>	_____								
_____	_____								
_____	_____								
8. The following is a complete statement of my employment since my admission to practice law: LIST MOST RECENT EMPLOYMENT FIRST. ATTACH SEPARATE SHEET IF NECESSARY. <input type="checkbox"/> CHECK HERE IF ADDITIONAL SHEETS ARE ATTACHED.									
Dates of Employment	Employer	Employer's Address	Nature of Employment (summarize nature of work performed)						

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9. Since your admission to the State Bar of California:

- | | |
|--|--|
| a. Have you been disbarred, suspended or disciplined by the State Bar of California or similar attorney disciplinary authority or any other authority that imposes professional discipline in California, or in another state or jurisdiction, including a foreign jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Do you have any discipline pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had any felony convictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Did you resign from any bar, court or body before whom you appear? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have there been three or more judgments of professional negligence against you? <i>(If yes, please attach the relevant documents.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Have any sanctions, other than discovery sanctions, been entered against you by any court or body before whom you appear? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Have any findings of contempt been made against you by any court or body before whom you appear? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Have you been denied certification or recertification as a legal specialist by the State Bar of California Board of Legal Specialization, or any other certifying body? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF YOU ANSWER YES TO ANY OF THE ABOVE, YOU MUST PROVIDE FULL DETAILS ON A SEPARATE SHEET. A record of discipline or failure to disclose any of the information requested above may constitute grounds for denial of your application.

DECLARATION

I hereby authorize all educational institutions, governmental agencies and instrumentalities (including bar associations and bar examiners of other jurisdictions), employers and business and professional associates (past and present), to release to the California Board of Legal Specialization and the Estate Planning, Trust and Probate Law Advisory Commission any nonprivileged information, files or records requested by them for the purpose of processing this application. The foregoing release does not apply to matters communicated by me in confidence to any lawyer, spouse, physician, psychotherapist or clergyperson for which I have privilege of nondisclosure under the provisions of Chapter 4, Division 8 of the California Evidence Code.

I further authorize the Estate Planning, Trust and Probate Law Advisory Commission to conduct independent inquiry and review as provided in section 9.0 of the Rules.

I agree to pay all fees required by the California Board of Legal Specialization when due.

I agree to abide by all rules and regulations of the California Board of Legal Specialization as amended from time to time and to furnish to the Board and the Estate Planning, Trust and Probate Law Advisory Commission such information as they may require to determine my entitlement to certification.

I am the applicant herein for certification as an estate planning, trust and probate law specialist under the State Bar of California Program for Certifying Legal Specialists. I fully understand that failure to make a truthful disclosure of any fact, item or information required may result in the denial of my application, revocation of my certificate of specialization, or disciplinary action by the State Bar of California. I have carefully read and answered each question completely and truthfully in the foregoing application and any attachments hereto, and certify that the information therein is true and correct to the best of my knowledge.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on:

Date: _____

Print Name: _____ Signature: _____

TASK AND EXPERIENCE REQUIREMENT

ATTACHMENT A

Applicant Name: _____ Bar Number: _____

The Estate Planning, Trust and Probate Law Advisory Commission may require additional evidence of completion of tasks and experience as indicated in this Attachment A.

1. PRACTICE EXPERIENCE

Within the five years immediately preceding submission of this application, I have substantially participated in the performance of the following number of tasks in two of the following categories. *(Each task may be counted in only one category.)* **REFER TO SECTION 2.0 OF THE STANDARDS FOR ADDITIONAL INFORMATION.**

CHECK THE BOXES THAT APPLY

- ☐ a. Thirty tax planning matters, tax procedures, or tax returns, for at least 20 separate clients. These may include, but not be limited to: tax opinions, memoranda, advice letters; tax-sensitive wills, trusts, or other dispositive instruments; audits or other administrative tax examinations, ruling requests; and estate, gift, fiduciary, or personal income tax returns.
- ☐ b. Fifty estate and incapacity plans, at least 20 of which must include tax issues. Portions of a plan may comprise the following: wills, trusts, custodianship, documents of title, beneficiary clauses, property agreements, powers of attorney, advanced health care directives, gifts, powers of appointment, disclaimers, public benefit plans. *A single document may not be sufficient to comprise an entire plan. Multiple documents for a client, or for a husband and wife together, comprise a single plan.*
- ☐ c. Forty administration procedures, for at least 20 separate clients, for estates, trusts (court or non-court), powers of attorney, advanced health care directives, custodianship, conservatorship, guardianships, spousal management procedures, or other procedures under the Probate Code or predecessor provisions.
- ☐ d. Completed transfers, by administration or otherwise, of a decedent's assets upon deaths of 40 persons, including tax issues, tax returns or tax basis problems in at least 10 of the completed transfers. These may include, but not be limited to: trust terminations, terminations of joint tenancy, and summary probate procedures, including spousal property petitions.
- ☐ e. Twenty litigated matters or contested hearings, relating to any of the above categories, for at least 10 separate clients. These may include, but not be limited to: will/trust contests, determinations of heirship, objections to accountings, fiduciary appointment/removal, creditors' claims, constructive trusts, family protection proceedings, asset ownership disputes, tax matters, elder abuse.

2. PRACTICE DESCRIPTION

- a. **Provide a description** of your estate planning, trust and probate law practice, noting especially:
 - (1) The nature of the tasks you routinely perform that you have relied on in seeking qualification as an Estate Planning, Trust and Probate Law specialist; and
 - (2) Any unusual and/or special situations you typically handle (e.g., planning for, and administration of, closely held farms, business interests or ranches; planning substantial charitable gifts; planning for unmarried couples and remarried individuals).
- b. Describe briefly the kinds of tax tasks you routinely perform in connection with your estate planning, trust and probate law practice (e.g., preparation of Forms 706, 709, 1040 [Final] and 1041; Q-Tip, 303, 2032A and 6166 elections; Requests for Extension of Time; Disclaimers, etc.).

Continued on next page

3. PRACTICE PROFILE. COMPLETE THE FOLLOWING:

a. What portion of your practice is devoted to:				
(1) Estate Planning	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) Estate Administration	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) Estate Related Litigation	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
b. Of the estate planning you do, what portion of your clients are:				
(1) 18-35 years old	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) 36-65 years old	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) Over 65 years old	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
c. What percentage of your <u>primary</u> estate planning documents are (the aggregate may exceed 100%):				
(1) Non-trust wills (ignore pour-over wills)	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) Wills dealing with children (including guardianship and/or CUTMA provisions)	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) Tax-sensitive wills (involving marital deductions, charitable bequests, GSTT problems, etc.)	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
d. What percentage of your <u>primary</u> estate planning documents are (the aggregate may exceed 100%):				
(1) Non-tax sensitive trusts (for the benefit of children and/or parents, "special needs" trusts, etc.)	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) Tax-sensitive trusts (exemptions equivalent bypass trusts, Q-TIP trusts, complex charitable trusts, generation-skipping trusts, life insurance trusts, etc.)	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) Revocable living trusts	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(4) Testamentary trusts	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
e. What percentage of your <u>primary</u> estate planning documents are (the aggregate may exceed 100%):				
(1) To effectuate gift programs	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) To effectuate living trusts	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) To effectuate charitable transfers	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(4) In support of MediCal planning	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
f. What percentage of your <u>primary</u> estate planning documents are (the aggregate may exceed 100%):				
(1) MediCal/Medicaid planning	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) Durable powers of attorney re assets	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) Advance Health Care Directives	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
g. Of the estate administration you handle (this section should total 100%), what portion is:				
(1) Court supervised <i>inter vivos</i> administration (e.g., guardianships, conservatorships, etc.)?	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(2) Court supervised post mortem administration (e.g., probates, spousal property petitions, etc.)?	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(3) Non-court supervised <i>inter vivos</i> administration (e.g., powers of attorney, trust administration, etc.)?	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
(4) Non-court supervised post mortem administration (e.g., joint tenancy termination, living trust termination, collection of insurance/retirement benefits, etc.)?	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

EDUCATION REQUIREMENT

ATTACHMENT B

Applicant Name: _____ Bar Number: _____

In order to satisfy the education requirement for certification, you must have completed at least 45 hours of approved education as specified in section 3.0 of the Standards **within the three years immediately preceding submission of this application.** One-half, or 22.5 hours, may be satisfied with alternative educational activities as described in section 6.2 of the Rules.

ON ATTACHMENT B-1, list the educational activities you have attended or taught (excluding alternative educational activities) that were specifically approved for legal specialist credit. Refer to Attachment B-1 for the type of documentation required.

REMEMBER: Courses taken to fulfill the MCLE special topic requirements (legal ethics, substance abuse/mental distress, elimination of bias in the legal profession) CANNOT be used to satisfy the education requirement for certification, although a course in legal ethics that relates specifically to your specialty area may qualify.

ON ATTACHMENT B-2, list the educational activities you have attended or taught (excluding alternative educational activities) that were not specifically approved for legal specialist credit. Refer to Attachment B-2 for a further explanation and the type of documentation required.

ON ATTACHMENT B-3, list any alternative educational activities (section 6.2 of the Rules) that you have completed to satisfy the education requirement. Keep in mind that, with the exception of approved tapes, hours claimed for alternative educational activities are subject to approval by the Advisory Commission.

Summarize your hours in the grid provided below.

SUMMARY OF EDUCATION ACTIVITIES (INCLUDING ALTERNATIVES)

HOURS ATTENDED OR TAUGHT (total from B-1 + B-2)	HOURS OF ALTERNATIVE EDUCATION (total from B-3)	TOTAL (minimum of 45 hours)

EDUCATION REQUIREMENT

ATTACHMENT B-1

Applicant Name: _____ Bar Number: _____

On this attachment, list the educational activities you have attended or taught (excluding alternative educational activities as described in section 6.2 of the Rules) that were specifically approved for legal specialist credit. Providers of approved legal specialist activities are subject to the same requirements as MCLE providers, so you should have been provided with a **certificate of attendance** indicating that the activity was approved for legal specialist credit and stating the number of hours of credit you received.

COPY THIS ATTACHMENT IF ADDITIONAL SPACE IS NEEDED.

DOCUMENTATION REQUIRED FOR EACH ACTIVITY: certificate of attendance. The provider is required to give you a certificate of attendance. If you did not receive a certificate, contact the provider.

NAME OF PROGRAM SPONSOR OR APPROVED PROVIDER	NAME OF PROGRAM	HOURS ATTENDED	HOURS TAUGHT	DATE COMPLETED
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	

*Calculate credit for teaching as follows: Next to **HOURS**, put the actual number of hours of speaking time. Check the appropriate box to indicate whether it was your first time presenting the activity or a repeat presentation. If it was the first time, multiply the actual speaking time by 4 and put the result next to **TOTAL**. If it was a repeat presentation, you may claim only actual speaking time. In that case, **HOURS** and **TOTAL** will be the same number.

EDUCATION REQUIREMENT

ATTACHMENT B-2

Applicant Name: _____ Bar Number: _____

On this attachment, list the educational activities you have attended or taught (excluding alternative educational activities as described in section 6.2 of the Rules) that were **NOT** specifically approved for legal specialist credit but that you believe meet the criteria for approval of educational activities set forth in section 7.3 of the Rules.

COPY THIS ATTACHMENT IF ADDITIONAL SPACE IS NEEDED.

DOCUMENTATION REQUIRED FOR EACH ACTIVITY: Sufficient information for the Advisory Commission to determine whether credit should be granted (for example, promotional materials, a brief description of the program, course outline, list of instructors).

NAME OF PROGRAM SPONSOR	NAME OF PROGRAM	HOURS ATTENDED	HOURS TAUGHT	DATE COMPLETED
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	
			_____ HOURS <input type="checkbox"/> 1ST TIME <input type="checkbox"/> REPEAT _____ TOTAL*	

*Calculate credit for teaching as follows: Next to **HOURS**, put the actual number of hours of speaking time. Check the appropriate box to indicate whether it was your first time presenting the activity or a repeat presentation. If it was the first time, multiply the actual speaking time by 4 and put the result next to **TOTAL**. If it was a repeat presentation, you may claim only actual speaking time. In that case, **HOURS** and **TOTAL** will be the same number.

EDUCATION REQUIREMENT**ATTACHMENT B-3**

Applicant Name: _____ Bar Number: _____

On this attachment, list the alternative methods you used to satisfy the education requirement. Remember that no more than one-half (1/2) of your requirement can be satisfied in this manner. **SEE SECTION 6.2 OF THE RULES FOR LIMITATIONS ON ALTERNATIVE METHODS TO SATISFY THE EDUCATIONAL REQUIREMENT.**

If you are submitting activities that require Advisory Commission approval, we recommend that you **SUBMIT YOUR APPLICATION NO LATER THAN FOUR MONTHS PRIOR TO THE DEADLINE.**

The Advisory Commission may require additional information regarding alternative education activities.

ALTERNATIVE EDUCATION	# HOURS REQUESTED
1. Self-verified listening to and/or viewing of a complete audio or audio/visual reproduction of an approved program or program segment. Such tapes must be approved for educational credit and listened to or viewed within the time period for which they were approved. <u>YOU MUST ATTACH A LIST OF YOUR SELF-STUDY ACTIVITIES.</u>	
2. Self-verified participation in other approved audiovisual activities, including interactive video instruction and activities electronically transmitted from another location, such as online education. <u>YOU MUST ATTACH A LIST OF YOUR SELF-STUDY ACTIVITIES.</u>	
3. Writing or editing published articles or books relating to estate planning, trust and probate law. PLEASE SUBMIT A COPY OF THE MATERIALS FOR WHICH YOU ARE CLAIMING CREDIT. The hours of credit to be allowed shall be determined by the Commission after consideration of the amount and quality of the submitted materials.	
4. Teaching a course in the field of estate planning, trust and probate law at an accredited institution of higher education. The hours of credit to be allowed shall be determined by the Commission based upon the amount and quality of professional education involved. NAME OF INSTITUTION: NAME OF COURSE: BRIEF DESCRIPTION: TO WHOM THE COURSE WAS TAUGHT: DATE COMPLETED:	
5. Completion of an advanced postgraduate course at an accredited law school that includes education in estate planning, trust and probate law. The hours of credit to be allowed shall be determined by the Commission based upon the amount and quality of professional education involved. NAME OF LAW SCHOOL: COURSE COMPLETED: DATE COMPLETED:	

INDEPENDENT INQUIRY AND REVIEW

ATTACHMENT C

Applicant Name: _____ Bar Number: _____

I submit the names and addresses of the following three attorneys or judges who have had an opportunity to observe my work and who can attest to my proficiency in the practice of estate planning, trust and probate law.

The references do not include any attorney who is my relative or who currently is my client, partner, associate, employer or employee.

All references, communications, reference forms, and information gathered pertaining to the applicant shall be the property of the State Bar and are confidential and no information concerning them and the matter to which they relate shall be given to any person except upon prior order of the Board of Governors of the State Bar or as provided in the Rules and Regulations.

Include each reference's California bar membership number to insure that reference forms are sent promptly and to the right individual. Bar membership numbers can be found online at www.calbar.ca.gov under Attorney Search.

NAME AND BAR NUMBER	ADDRESS
1.	
2.	
3.	



The State Bar of California Board of Legal Specialization Credit Card Authorization Form

Applicant Information

Bar Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit Card Information

- ☐ Visa
☐ MasterCard

Only Visa and MasterCard credit cards are accepted.

Credit Card Number: _____

Expiration Date (Month/Year): _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa or MasterCard account for the amount that I have entered in the "total" box below.

Description	Amount Paid
Post Examination Application Fee per Certified Specialty - \$250	\$